

Coping with the impact of serious adverse events on front-line healthcare professionals



Sometimes
things don't go
as we expect!

What have we done?

- **Evaluation Phase.** National Research on What's being done and not done to support second victims in Spain – [Two-phase study](#).
- **Intervention Phase.** [Educational/training website](#) + [Guideline](#)

RESEARCH ARTICLE Open Access

Interventions in health organisations to reduce the impact of adverse events in second and third victims

José Joaquín Mira^{1,2}, Susana Lorenzo³, Irene Carrillo³, Lena Ferrás⁴, Pastora Pérez-Pérez⁵, Fuencisla Iglesias⁶, Carmen Silvestre⁷, Guadalupe Olvera⁸, Elena Zavala⁹, Roberto Nuño-Solís¹⁰, José Ángel Madueno-Fernández¹¹, Julián Vialter¹², Pilar Astier¹³ on behalf of the Research Group on Second and Third Victims

RESEARCH ARTICLE Open Access

The aftermath of adverse events in Spanish primary care and hospital health professionals

José Joaquín Mira^{1,2}, Irene Carrillo³, Susana Lorenzo³, Lena Ferrás⁴, Carmen Silvestre⁷, Pastora Pérez-Pérez⁵, Guadalupe Olvera⁸, Fuencisla Iglesias⁶, Elena Zavala⁹, José Ángel Madueno-Fernández¹¹, Julián Vialter¹², Roberto Nuño-Solís¹⁰, Pilar Astier¹³ and on behalf of the Research Group on Second and Third Victims

739 professionals have registered

Recommendations for providing an appropriate response when patients experience an adverse event with support for healthcare's second and third victims

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What, When, Who and How to act in case of a harmful-incident

What's the impact achieved?

Seguridad del Paciente

Inicio Presentación Proyectos Formación Información Participación Biblioteca

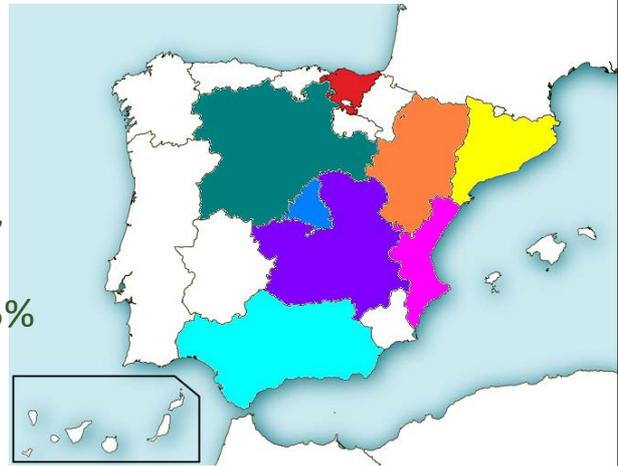
Está usted en: Inicio » Información » Publicaciones » 2015 » Estrategia Seguridad del Paciente 2015-2020

Target 2.7: Promote the design and development of strategies to address serious adverse events in health centers.



Who are we?

Researchers and clinicians from 8 out of 17 Regional Health Services, who are responsible for 75% of all Spanish hospital discharges and 75% of all primary care consultations (2011).



 <p>Carrillo Murcia, Irene UNIVERSIDAD MIGUEL HERNÁNDEZ</p>	 <p>Guilbert Mora, Mercedes UNIVERSIDAD MIGUEL HERNÁNDEZ</p>	 <p>Aibar Remón, Carlos UNIVERSIDAD DE ZARAGOZA, HOSPITAL CLÍNICO UNIVERSITARIO LOZANO BLESÁ</p>
 <p>Iglesias Alonso, Fuencisla SERVICIO DE SALUD DE CASTILLA-LA MANCHA (SESCAM)</p>	 <p>Pérez Pérez, Pastora AGENCIA DE CALIDAD SANITARIA DE ANDALUCÍA</p>	 <p>Bonilla Escobar, Bertha Angélica UNIVERSIDAD DE ALCALÁ, ASOCIACIÓN MADRILEÑA DE SALUD PÚBLICA</p>
 <p>Jurado Balbuena, Juan José CENTRO DE SALUD ALICANTE</p>	 <p>Vitaller Burillo, Julián DIRECCIÓN TERRITORIAL SANIDAD EN ALICANTE</p>	 <p>Maderuelo Fernández, José Ángel GERENCIA REGIONAL DE SALUD DE CASTILLA Y LEÓN (Sacyl)</p>
 <p>Astier Peña, María Pilar UNIVERSIDAD DE ZARAGOZA</p>	 <p>Ferrús Estopà, Lena CONSORCI SANITARI INTEGRAL</p>	 <p>Fidel Kinori, Sara Guila HOSPITAL UNIVERSITARIO VALL D'HEBRON</p>
 <p>Lorenzo Martínez, Susana HOSPITAL UNIVERSITARIO FUNDACIÓN ALCORCÓN</p>	 <p>López Pérez, Araceli CONSORCI SANITARI INTEGRAL</p>	 <p>Zavalá Alzpúrua, Elena HOSPITAL UNIVERSITARIO DONOSTIA</p>
 <p>Nebot Marzal, María Cristina CONSELLERIA DE SANIDAD</p>	 <p>Ignacio García, Emilio UNIVERSIDAD DE CÁDIZ</p>	



Qualitative Research



Cross-sectional study

Managers and Professionals

27 professionals involved in 4 Focus Groups

Qualitative Study About the Experiences of Colleagues of Health Professionals Involved in an Adverse Event

Lena Ferris, RN, MS, PhD,* Carmen Silvestre, RN, MPH,†
 Gaudelupe Olivera, MD,‡ and José Joaquín Mira, MS, PhD§||

(*J Patient Saf* 2016;00: 00–00)

- Surprise and to avoid involvement were usually reactions by colleagues of second victims.
- Formal channels of information favor the implementation of improvements.
- Common informal channels were the hallways and cafeteria.
- Health-care providers reported that they do not receive information about measures for preventing a new adverse event.



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A cross-sectional study
February and April 2014

We collected information from **197** hospital's and primary care's managers and **209** safety leaders. **406**

A total of **115** hospitals and **132** primary care districts

1. A systematical review of what we are able to do when a severe AE happens
2. We elaborated a list of potential actions by consensus of the research team (45)
3. Asked managers and leaders if these actions are planned and implemented
4. And, their opinions about the usefulness of these potential actions

Centers that fulfilled recommended actions (almost 4)
A total of 3 (1.2%)

<4
Equal or >4

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Mira et al. BMC Health Services Research (2015) 15:301
DOI 10.1186/s12913-015-0899-4

RESEARCH ARTICLE Open Access
Interventions in health organisations to reduce the impact of adverse events in second and third victims
José Joaquín Mola^{1,2}, Susana Lorenzo³, Irene Carrillo², Lena Ferrás², Patricia Pérez-Pérez², Fuenfols Iglesias², Carmen Sánchez², Guadalupe Olivares², Elena Zavala², Roberto Nuño-Solís², José Ángel Madroño-Fernández², Julián Vialba^{2,3}, Pilar Astier^{2,3} on behalf of the Research Group on Second and Third Victims

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A cross-sectional study
May and July 2014

We collected information from **610** hospital professionals and **477** PC professionals. **1087**

Last five years

Made an error

40%
70%

Second Victim

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Mira et al. BMC Health Services Research (2015) 15:333
DOI 10.1186/s12913-015-0790-7

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José Joaquín Mola^{1,2}, Irene Carrillo², Susana Lorenzo³, Lena Ferrás², Carmen Sánchez², Patricia Pérez-Pérez², Guadalupe Olivares², Fuenfols Iglesias², Elena Zavala², José Ángel Madroño-Fernández², Julián Vialba^{2,3}, Roberto Nuño-Solís², Pilar Astier^{2,3} and on behalf of the Research Group on Second and Third Victims

What second victims are expecting

- Feeling heard and understood. Not judged.
- To be able to speak with peers about what happened and to analyze it together.
- Participate in the definition of measures to be implemented to prevent it from happening again.
- Be informed about the steps and results of Root-Cause-Analysis.
- Know how to act in relation to the patient.



Ideas for planning an intervention

What should be done



Don't forget the "magnet effect". One AE attracts another AE

Our planned approach

- | | | |
|---------------------------------|--|---|
| Preventive | <ol style="list-style-type: none"> 1 Disseminate information to all professionals 2 Share data and procedures with directives, middle-managers and safety coordinators. Involve them |  |
| Being ready for an intervention | <ol style="list-style-type: none"> 3 Introduce Guideline – choose and train support professionals and middle managers | |



➔ We are working before something goes wrong

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Segundas y Terceras víctimas

PROYECTO DE INVESTIGACIÓN

▲ su Programa de Intervención

🔍 Cambiar clave

👤 Salir

Programa de Intervención

Programa de Intervención

Progreso de su programa: 100%

Bienvenido **Jose-mira**, en esta sección encontrará un esquema de su evolución en el proyecto, por favor, vaya completando los pasos para avanzar:

Inicio

- Información sobre el programa de intervención >
- Test sobre seguridad del paciente >

Módulo Informativo

- Pre-test >
- Escala de Autorreflexión General >
- Sociodemográficos >

Presentación

Quiénes somos

Calendario del proyecto

Definiciones

Noticias

Publicaciones de interés

Exhibiciones y comentarios

Resultados del proyecto

Dissemination module

Training module

Objeto de Investigación Segundas Víctimas

Esta web encontrará un conjunto de herramientas para reducir el impacto que los eventos adversos también tienen en los profesionales sanitarios (segundas víctimas) y en las Instituciones Sanitarias (terceras víctimas). Proyecto financiado por el Fondo de Investigaciones Sanitarias y por Fondos FEDER (referencias P113/0473 y P113/01220), por la Fundación para el Fomento de la Investigación Sanitaria y Biomédica de la Comunidad Valenciana (referencia FISABIO/2014/B/006) y por la Conselleria de Educación, Investigación, Cultura y Deporte, Generalitat Valenciana (ayuda complementaria, referencia ACOMP/2015/002).

Questionario actuaciones con Segundas Víctimas

Conozca nuestro estudio con directivos y coordinadores de seguridad, [acceda al cuestionario](#)

Línea de investigación premiada por el grupo Quirónsalud en la II Edición Premio Quirónsalud a las Mejores Iniciativas en Seguridad del Paciente (mayo 2016)

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Logo of Quirónsalud

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MISE (MITIGATING IMPACT IN SECOND VICTIMS)

Literature review and own outcomes

15 patient safety experts from academic and clinical settings

26 patient safety managers or leaders at hospitals and primary care

266 front-line professionals from hospitals and primary care

MISE PROGRAM DESIGN

↓

INFORMATION SOURCES

↓

DESIGN VALIDATION

Design, browsing ease, content, recommendation adequacy. Realism of problem clinical situations. Usefulness of this intervention

↓

MISE EVALUATION

Understanding information, practical utility, and global adaptation of contents

↓

MISE OUTCOMES

Outcomes in terms of knowledge, capacity to cope, time and sessions needed, dropouts, satisfaction, and browsing experience

↓

INTERACTIVE WEBSITE TO RAISE AWARENESS IN HEALTHCARE PROFESSIONALS ABOUT THE SECOND VICTIM PHENOMENON

Design

Assessment

Criteria	Mean (SD)
Comprehension of the information	8.9 (1.1)
Practical value of the contents	8.8 (1.2)
General assessment	8.8 (1.3)

Scale 0 to 10

Dropouts: 12 (4.5%)

Days to complete: 73

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Logo of Quirónsalud

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Mitigating Impact in Second Victims (MISE)



Programa de Intervención

Programa de Intervención

Bienvenido Jose-maria, en esta sección encontrarás un esquema de su evolución en el proyecto, por favor, vea completando los pasos para avanzar:

Inicio

- ✓ Información sobre el programa de intervención
- ✓ Test sobre seguridad del sistema

Módulo Informativo

- ✓ Prácticas
- ✓ Estado de Actualización General
- ✓ Sociodemografía

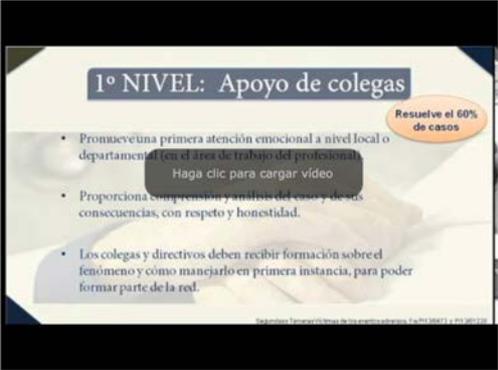
Módulo Demostrativo

Materiales:

- Consecuencias de los EA en los profesionales
- Recomendaciones sobre cómo actuar tras EA
- Informar al paciente
- Apoyo a la segunda víctima
- Cómo estar preparado y saber qué ha pasado
- Auto-evaluación
- Finalización
- Certificado del curso

Papel de los colegas de la segunda víctima

En esta presentación Elena Zavala nos ofrece algunas recomendaciones a seguir por parte de los colegas de la segunda víctima tras la ocurrencia de un evento adverso.



1º NIVEL: Apoyo de colegas

Resuelve el 60% de casos

- Promueve una primera atención emocional a nivel local o departamental (en el área de trabajo del profesional). Haga clic para cargar video
- Proporciona comprensión y análisis del caso y de sus consecuencias, con respeto y honestidad.
- Los colegas y directivos deben recibir formación sobre el fenómeno y cómo manejarlo en primera instancia, para poder formar parte de la red.

Guía de cómo actuar y de cómo NO actuar

En este vídeo Elena Zavala describe algunas pautas a seguir y evitar en caso de un colega se vea implicado en un evento adverso y sufra emocionalmente a consecuencia de ello.

Training on the website



Support by peers

do's and don'ts

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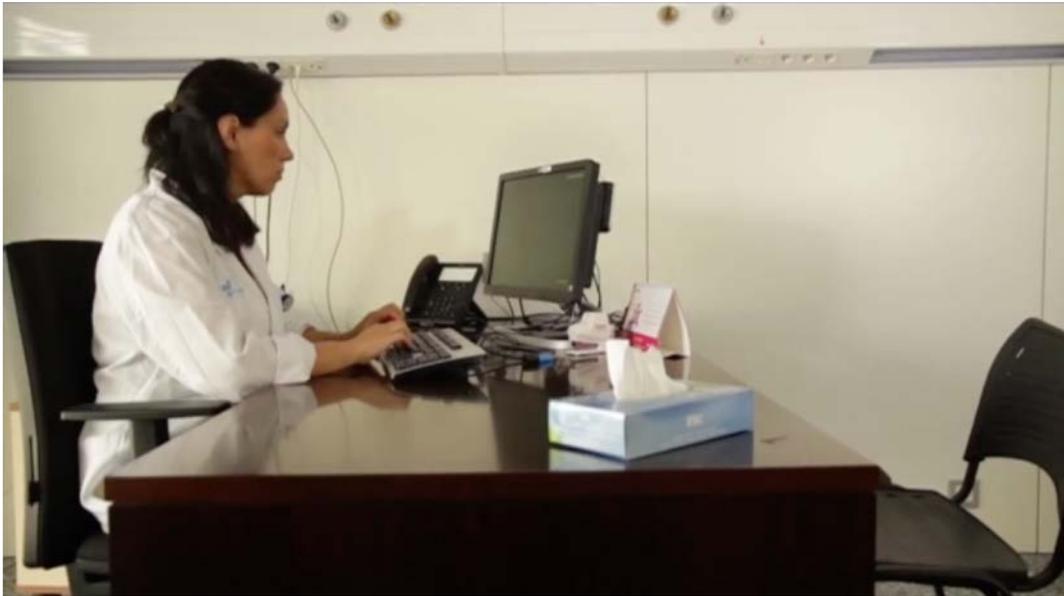
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What is new to do an electro to a patient? Why do you explain it to me?

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Workshops with directives and safety coordinators



Recommendations
for providing an appropriate response
when patients experience an adverse event
with support for healthcare's second and third victims

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52 Spanish Healthcare Managers and Heads of Medical Services

Assessment

	Understandability	Feasibility	Usefulness
Range	7.8-9.2	6.6-8.0	8.3-9.2
Guideline (total)	8.8	7.2	8.7

Scale 0 to 10



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Checklist and algorithm

Checklist of actions recommended regarding the provision of support to the second victim

Date: _____
Centre/Hospital: _____ Unit/Service: _____

SUPPORTING THE CLINICIAN AND THE HEALTHCARE TEAM OF WHICH HE/SHE IS A MEMBER		
Action	Date	Comments
<input type="checkbox"/> Adopt a positive attitude, recalling that AEs often have systemic causes.		
<input type="checkbox"/> Identify who may be second victims related to the AE		
<input type="checkbox"/> Speak to the potential second victim(s) – this being done by a close colleague with a similar professional profile and skills to provide support		
<input type="checkbox"/> Arrange for the clinical duties of the second victim to be covered by others (only if the clinician desires)		
<input type="checkbox"/> Encourage the second victim to increase/maintain their level of daily leisure activities including activities with friends and family		
<input type="checkbox"/> Help the second victim with the paperwork related to work leave (if appropriate) in coordination with the centre's Occupational Health and Safety Service (according national rules)		
<input type="checkbox"/> Be alert to symptoms suggesting the second victim needs additional support		
<input type="checkbox"/> Assess whether the second victim needs personalized care with a professional counsellor		
<input type="checkbox"/> Assess whether the second victim needs legal advice		
<input type="checkbox"/> Inform the second victim about the professional liability coverage under the centre's policy		
<input type="checkbox"/> Inform the Occupational Health and Safety Service only if the physical or psychological health of the second victim is affected		
<input type="checkbox"/> Inform the second victim about the specific support within and outside the institution		
<input type="checkbox"/> Coordinate emotional and legal support		
<input type="checkbox"/> Monitor the second victim the days following the incident to ensure effective recovery from event		
<input type="checkbox"/> Keep the second victim informed about the patient information process and analysis of what has happened		
<input type="checkbox"/> Invite the second victim to participate in the root cause analysis of the incident if the clinician is able and it is adequate		
<input type="checkbox"/> Organize the second victim's return to clinical practice following the AE (with a progressive increase in their duties)		
<input type="checkbox"/> Plan monitoring of the second victim during the 3 months following the AE		



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≈4-2% Professional assessment

≈4-6% Share feelings and experiences, support peers

≈70-80% To be heard and accepted, empathy for colleagues, colleagues and managers

Supporting professional

NEVER

What have you done?

ALWAYS

How do you feel?
What happened?

Good Listener, Empathetic, Self-Control, Renowned, Good Communicator

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What we have found

Osakidetza

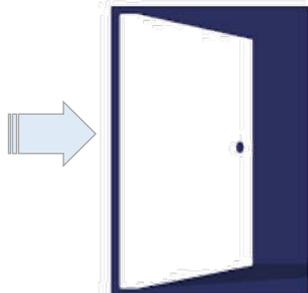
Servicio Navarro de Salud Osasunbidea

HOSPITAL

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Unfortunately...

We usually start when a severe AE has occurred



This is not true!

Better late than never

This is true!

An apple a day keeps the doctor away

Crucial elements

Core Group

Internal and External Communication Plan

Define procedure and levels of intervention (when, who and where)

Involve middle managers – find a leader in each Department

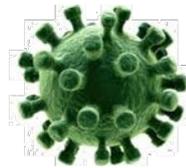
Choose and train a set of support peers

Two strategies

Common Sense (win-win)



Envy Virus Inoculation



Crucial Element	Common Sense	Envy Virus Inoculation
Core Group	Directors, middle-managers, a set of front-line-professionals	Renowned clinicians, who are willing to participate
Communication Plan	Focus on internal targets	Focus on internal and external targets
Procedure	When, Who and Where	When, Who and Where in specific Departments
Involve professionals	Whole Organization	Professionals who share an interest and are worried about this phenomenon
Support Peers	Good listeners, communication skills, clinical reputation, calm, accepted by their colleagues	They must be accepted by their colleagues

H
O
W

- Design a **plan** -Targets, Milestones, Timeline, Core Group-
- Involve managers and the Safety Committee -this is a **institutional response**-
- Identify formal and informal (supporting or opposing) safety **leaders** –what information do they need-
- Define a **protocol** to support second victims
- Prepare an **informative package** -Seminars, Workshops,...- Avoid a defensive attitude when information is disseminated
- Identify healthcare professionals of each Department who act as **safety coordinators**
- Identify colleagues who are willing to be participate during the implementation as a **Support Peer** (and be sure they are accepted by their colleagues) –define how to act-

H
O
W

- Define **Communication Channels** to disseminate information
- Define a **Communication plan** and actions (inside and outside the hospital)
- Define the **second step** in the route to recovery when a support peer is not enough –where, how, ...-
- Plan B.** What should we do if a severe AE occurs during the implementation, specifically during the first step?



H
O
W

Same as before ... but ...

Focused on an Unit or Department or a set of departments.

Identify ONE/TWO **renowned clinicians** to be role models (spokesperson).

Insure they participate in conferences, workshops, and lectures. **Disseminating externally** the second victim strategy.

Insure **internal channels** to inform all hospital professionals.



Hope for the best, prepare for the worst

Things to keep in mind



What is the **scope** of this intervention.

Know the recent and remote **history** of severe AE. It's well managed or not? Patient **culture**, strengths and weaknesses

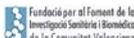
Define a **Core Group**. Define its' relationship with the **Patient Safety Committee**.

Identify your **strategy** (Top-Down or Bottom-Up). Define **milestones, outcomes**, and **benchmarks**.

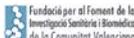
Seek **renowned clinicals** and **middle-managers** to be involved.

Approve an **Ethical Code**. Promotes confidence.

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Things to keep in mind		
Identify professionals leaders who promote the patient safety measures. Are they middle managers?		
Identify professionals leaders opposed to patient safety measures. Are they middle managers?		
Define a Communication Plan (internal and external targets).		
Identification of a support peer within each Department. Train them to be able to offer emotional support during the first hours following the event.		
Availability of a referral network (specialized support) for those cases in which the symptoms of the second victim becomes worse.		
Legal Advice (who, where, when).		

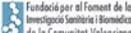
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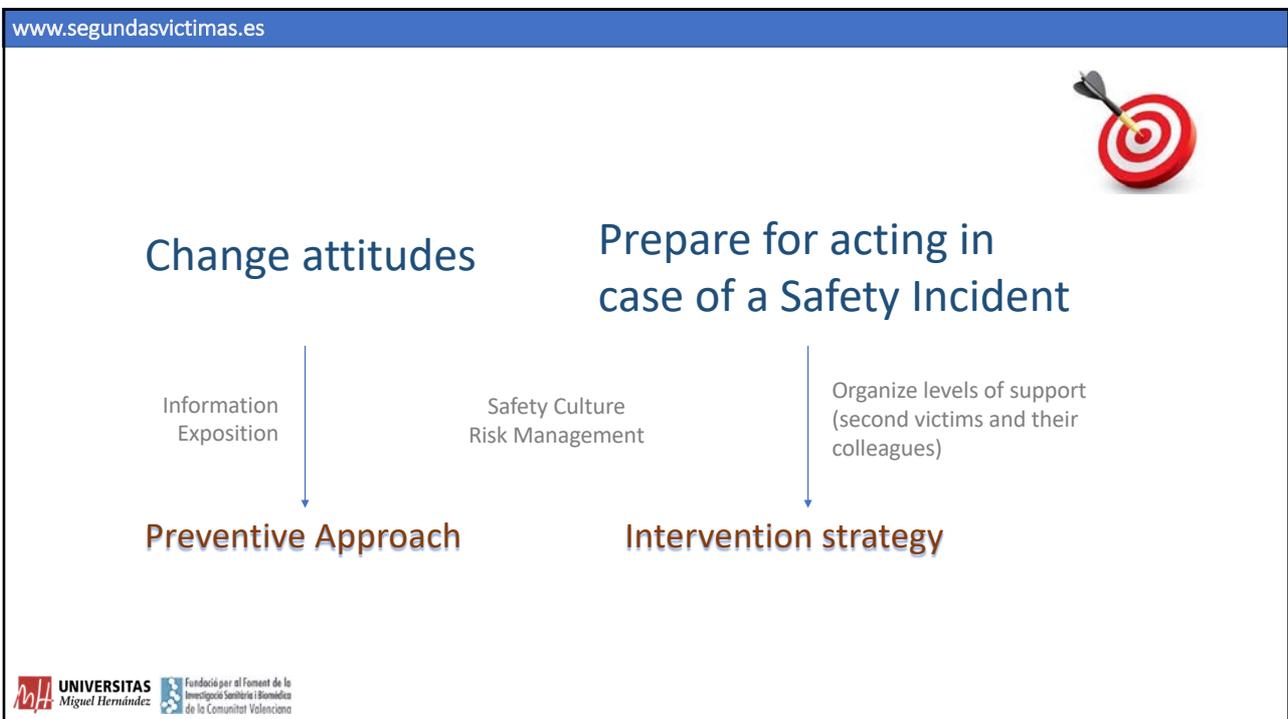
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Things to keep in mind to introduce a Guideline		
Approve a procedure to respond to the needs of the second victim (Who, when, where, how, wide range of professionals).		
Substitution of the second victim in the hours (or days) after the event.		
Processing sick leave procedure in cases where it is necessary and refers the second victim to specific counselling		
Bear in mind the emotional response of the colleagues of the second victim. Don't forget that colleagues of second victims also need to vent their emotions and regain confidence in themselves.		
Define a mechanism to insure hospital's professionals understand the situation		
Define a mechanism to enroll professionals who have lived the second victim phenomenon as support peers		

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Things to keep in mind		
Second victim participation in the search for solutions to prevent the AE from re-occurring. Second victim participation in the Root-Cause Analysis (When, How).		
Second victim participation in the Open Disclosure (if they are in a position to do it, always accompanied, ...).		
Planning reincorporation of the professional (in cases of sick leave).		
Follow-up the response of the second victim during 3 months.		
What should be done in the case of severe AE during the implementation of this new approach?		
Assess the procedure (How, When).		


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FAQ

- **How to identify a second victim?**
 - A second victim does not always show symptoms. It depends on their history, experience and, of course, the severity of the incident but you can observe that they are feeling lonely and they may have doubts about simple clinical decisions.
- **What does the second victim need?**
 - They need to feel that their worries are being heard and understood, and continue being part of the team.
- **What can we say to the second victim?**
 - Nothing, just listen to them. Empathetic attitude.
- **Who should speak with the second victim?**
 - In the first hours after the incident a colleague from the same Unit or Service. The best option is a colleague who has been here before. There is not necessary an expert.

FAQ

- **Who is responsible for the treatment of post-traumatic stress?**
 - This depends on the organization but we have learnt that second victims do not follow the normal procedure to obtain psychological advice or treatment. The procedure for a second victim should be different and, in our case, we replace General Practitioners and the Mental Health Service with Occupational Medical Service.
- **How much time does the second victim need to recover?**
 - It depends on personality factors and the severity of AE. Usually, the majority of second victims only need a conversation of approximately one hour and a half. However, the supporting colleague must be available to them in the coming days.

FAQ

- What training do those who support the second victims need?
 - The supporting colleague must learn to listen with empathy and keep a calm disposition. They mustn't give judgment or tell the second victim what they must do. In addition, the supporting colleague must be aware of the available resources of the institution, such as legal advice or psychological counselling.
- What are the most common reactions that discourage second victims?
 - Anxiety, fear from legal consequences and loss of reputation, flash-backs, low self-esteem and doubts if they are able to continue a clinical career.

FAQ

- In which cases can the second victim participate in the root-cause analysis?
 - When this participation has a positive effect on them, and they are ready to participate. When they are involved in the improvement of Safety and Risk Management they are able to overcome their distress.
- How does safety culture influence the support of the second victims?
 - Crucial absolutely because we need to substitute punishment culture with a proactive culture.
 - How can we introduce the Guideline?
 - Top-Down, Common-Sense, Win-Win strategy or Bottom-Up, Envy Virus Inoculation Approach.

FAQ

- A patient died. What can we do now?
 - Communicate with the Head of the Department who activates the procedure; Insure the second victim has been substituted by a colleague, they should have the opportunity to express feelings, doubts and fears to the supporting professional.
- What are the common barriers to introduce a second victim protocol?
 - That it is a new trend; the thought that it is unnecessary (this is only for bad doctors and nurses ... not applicable to me!).

Hope for the best, prepare for the worst

Bedankt!